

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004579

1. Corporation Name

ABN AMRO ACCEPTANCE CORPORATION

Principal Place of Business 181 W. Madison Street Chicago, IL. 60602	Mailing Address 135 S. LaSalle Street c/o Martin Eisenberg Chicago, IL. 60603
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28	4. FEI Number 13-3663307	Applied For Not Applicable
29 135 S. LaSalle Street		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 c/o Martin Eisenberg, Ste. 860		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29 Chicago, IL.		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL. 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Thomas C. Heagy 181 W. Madison St. Chicago, IL. 60602	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Asst Secretary John Kramer 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Thomas J. Johnston 181 W. Madison St. Chicago, IL. 60602	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	President John A. Wing 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO/ Treasurer Debra A. Basili 181 W. Madison St. Chicago, IL. 60602	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Treasurer Wilbert A. Thiel 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Robert K. Quinn 135 S. LaSalle St. Chicago, IL. 60674-9135	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Martin L. Eisenberg 135 S. LaSalle St. Chicago, IL. 60603	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kirk P. Flores 135 S. LaSalle St. Chicago, IL. 60603	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/98

Date

(312) 904-2209

Daytime Phone #